

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective July 1, 2010.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$201,181	-21.5%
16. Other _____		
Line of Insurance		

FILED

JUL 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISDoes filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing proposes to apply
the proposed loss cost multiplier of 1.450 (1.902 for F-classes) to the January 1, 2010 loss costs published by the National
Council on Compensation Insurance effective July 1, 2010 for new and renewal policies. The current AAIC rates are based on
the January 1, 2010 advisory loss costs. This filing is being submitted to only reduce the industrial LCM.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Alternative Insurance Corporation
Name of CompanyKathryn Sine, Senior State Filing Analyst
Official — Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

FILED

JAN 01 2010

Change in Company's premium or rate level produced by rate revision effective January 1, 2010.

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$339,546 (est. annual)</u>	<u>-0.1%</u>
Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adopting NCCI Advisory Loss Costs
Effective 1/1/2010. Will continue use of LCM of 1.717.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

American Mining Insurance Company

Name of Company

Mike Carney, Assistant VP, Compliance

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective July 10, 2010.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$19,181,945	+6.1%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No, applies to all classes.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

We are revising our rates, deviating from the National Council on
Compensation Insurance (NCCI) 1/1/10 rates. Preferred classes (listed on cover letter) are deviated +29% from
NCCI advisory rates. All other classes are deviated +37% from NCCI advisory rates.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Auto-Owners Insurance Company

Name of Company

Jennifer L. Smith, Assistant Manager

Official - Title

FILED

JUL 10 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RECEIVED

APR 13 2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 8-1-10

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	<u>410,461</u>	<u>+3.0</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We submit for your review and approval a +3.0% overall rate increase. We are adopting NCCI's January 1, 2010 Advisory Rates, Loss Costs, and Rating Values. In addition, we are revising our Loss Cost Multiplier from 1.963 to 2.038.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

FILED

AUG 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Harleysville Insurance Company
Name of Company

Eileen Fisher

Eileen Fisher
Senior State Filings
Officer

H29219D

RECEIVED

APR 13 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8-1-10

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>4,586,217</u>	<u>+3.2</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We submit for your review and approval a +3.2% overall rate increase. We are adopting NCCT's January 1, 2010 Advisory Rates, Loss Costs, and Rating Values. In addition, we are revising our Loss Cost Multiplier from 1.570 to 1.630.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Harleysville Lake States Insurance
Company

Name of Company

FILED

AUG 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Eileen Fisher

Eileen Fisher
Senior State Filings Analyst
Official - Title

H29219D

RECEIVED

APR 13 2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 8-1-10

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>46,303</u>	<u>+2.7</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We submit for your review and approval a +2.7% overall rate increase. We are adopting NCCT's January 1, 2010 Advisory Rates, Loss Costs, and Rating Values. In addition, we are revising our Loss Cost Multiplier from 1.570 to 1.630.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

FILED

AUG 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Harleysville Mutual Insurance
Company

Name of Company

Eileen Fisher

Eileen Fisher
Senior State Filings Analyst
Official - Title

H29219D

RECEIVED

APR 13 2010

FILED

Form (RF-3)

AUG 01 2010

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELDChange in Company's premium or rate level produced by rate revision effective 8-1-10
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	146,626	+3.2

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We submit for your review and approval a +3.2% overall rate increase. We are adopting NCCI's January 1, 2010 Advisory Rates, Loss Costs, and Rating Values. In addition, we are revising our Loss Cost Multiplier from 1.256 to 1.304.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Harleysville Preferred Insurance
Company

Name of Company

*Eileen Fisher*Eileen Fisher
Senior State Filings Analyst
Official - Title

RECEIVED

APR 13 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8-1-10

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>10,567</u>	<u>-5.1</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We submit for your review and approval a -5.1% overall rate increase. We are adopting NCCI's January 1, 2010 Advisory Rates, Loss Costs, and Rating Values. In addition, we are revising our Loss Cost Multiplier from 1.570 to 1.630.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

FILED

AUG 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Harleysville Worcester Insurance
Company

Name of Company

Eileen Fisher

Eileen Fisher
Senior State Filings Analyst
Official - Title

H29219D

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective July 10, 2010.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$28,862,162	+6.7%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No, applies to all classes.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

We are revising our rates, deviating from the National Council on
Compensation Insurance (NCCI) 1/1/10 rates. Preferred classes (listed on the cover letter) are deviated +17% from
NCCI advisory rates. All other classes are deviated +24% from NCCI advisory rates.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Owners Insurance Company

Name of Company

Jennifer L. Smith, Assistant Manager

Official - Title

FILED

JUL 10 2010

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

RECEIVED

APR - 5 2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate
revision effective 7/1/2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	3,642,136	+7.8%

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: no

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): NCCI

1-1-2010 Advisory Rates with class deviations and a flat deviation as listed on
the attachment.

FILED

JUL 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Sentry Select Insurance Company
Name of Company

Janel Danczyk, Compliance/Development Sr Analyst
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective September 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Automobile		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 - Workers Compensation</u>	<u>\$2,750,43</u>	<u>9.30%</u>
Line of Insurance		

FILED

SEP 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does Filing only apply to certain territory (territories) or certain
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

Workers Compensation LCM Revision Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

SPARTA Insurance Company

Name of Company

Kevin Purcell, Vice President - IRC

Official - Title

Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

FILED

APR 08 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate review
effective ~~January 1, 2010~~ April 8, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Comp.	2,000,000	-16%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory
organization, specify organization): NCCI

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of
new rates.

State National Insurance Company

Name of Company

Craig E. Johnson Consultant

Official Title